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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

Stephen C. D'Amico  
Type or print name

  
Signature

June 11, 2002  
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF  
CHEN ET AL.

APPLICATION NO: 09/993,180

FILED: NOVEMBER 14, 2001

FOR: POLYNUCLEOTIDE ENCODING A NOVEL HUMAN SERPIN  
SECRETED FROM LYMPHOID CELLS LSI-01

RECEIVED

JUN 19 2002

TECH CENTER 1600/2900

Assistant Commissioner for Patents  
Washington, D.C. 20231

INFORMATION DISCLOSURE STATEMENT

Sir:

Applicants believe this paper is being filed before the mailing date of a first Office Action on the merits, and so under 37 C.F.R. §1.97(b)(3) no fees are required. If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-3880.


In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
(609) 252-5289

  
Stephen C. D'Amico  
Agent for Applicants  
Reg. No. 46,652

Date: June 11, 2002

#7  
HQ1  
7/9/02

FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.

D0051 NP

APPLICATION NO.

09/993,180

APPLICANT

CHEN ET AL.

FILING DATE

NOVEMBER 14, 2001

Group

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM	WO0012708 ✓	3/9/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AN	WO0078961 ✓	12/28/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AO	WO0132874 ✓	5/10/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AP	WO0166690 ✓	9/13/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	WO0168848 ✓	9/20/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	NCBI Entrez Accession No: gi 18583071 ✓
	AS	
	AT	

EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

**INFORMATION DISCLOSURE CITATION**

(Use several sheets if necessary)

ATTY. DOCKET NO.  
D0051 NP  
APPLICATION NO.  
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APPLICANT  
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NOVEMBER 14, 2001

Group



**FOREIGN PATENT DOCUMENTS**

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
							YES	NO
	AA	WO0202603 ✓	1/10/02	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AB						<input type="checkbox"/>	<input type="checkbox"/>
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	AF						<input type="checkbox"/>	<input type="checkbox"/>
	AG						<input type="checkbox"/>	<input type="checkbox"/>
	AH						<input type="checkbox"/>	<input type="checkbox"/>
	AI			RECEIVED			<input type="checkbox"/>	<input type="checkbox"/>
	AJ						<input type="checkbox"/>	<input type="checkbox"/>
	AK			JUN 19 2002			<input type="checkbox"/>	<input type="checkbox"/>
	AL			TECH CENTER 1600/2900			<input type="checkbox"/>	<input type="checkbox"/>
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
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	AT						<input type="checkbox"/>	<input type="checkbox"/>
	AU						<input type="checkbox"/>	<input type="checkbox"/>
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	AX						<input type="checkbox"/>	<input type="checkbox"/>
	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

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